

# **BULLETIN**

of the  
**MAHONING COUNTY  
MEDICAL SOCIETY**

*Volume L*

*Number 8*

NOVEMBER, 1980



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## 1980 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1980

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 15	Mar. 18	May 20	Sept. 16	Nov. 18	Dec. 16

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Photo by John Randall

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# BULLETIN

## of the Mahoning County Medical Society

Published Monthly for and by the Members

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Youngstown, Ohio 44504  
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Not published in May,  
July and August.

**Volume L**

**NOVEMBER, 1980**



**Number 8**

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

### EDITOR

R. D. Murray, M.D.

### EDITOR EMERITUS

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John C. Melnick, M.D.

James A. Lambert, M.D.

Jack Schreiber, M.D.

## Editorial

### THE HEAVY HAND OF GOVERNMENT

It seems that the Youngstown Area Community Action Council has been promised a grant of \$450,000.00 by the Federal Government to erect a building somewhere in this city. The Community Action Council intends to situate this building on the East Side. This group intends to apply for funds in Fiscal Year 1981 with which they intend to provide primary health care services to what they describe as the medical manpower shortage on the East Side of Youngstown. There are already clinics at the local hospitals which are designed to handle primary health care services to these people, but the Community Action Council chooses to ignore these existing facilities and intends to duplicate them with tax monies extracted from the backs of taxpayers or just simply printed as fiat money. Here is a classical example of government waste right on our own back doorstep. The carrot on the stick of government socialism and duplication dangled in front of one of our local jackass government agencies, which will continue to run whether it is necessary or not.

Behind such waste and unnecessary duplication lies the spendthrift Federal Bureaucracy. I wonder how many people realize the lifetime earnings of the average bureaucrat are now 67.6% greater than those of people in private business. After all every medical office is a small private business establishment. The average bureaucrat will pay \$40,000.00 less in federal taxes than a person with the same income in the private sector. The government employee is exempt from Social Security taxes. In addition the average federal pension benefit is now 405% greater than the average in the private sector, and the average bureaucrat can retire a full ten years earlier than the average person in private life—at age 55 instead of 65. The total unfunded federal pension deficit is now more than one trillion dollars, which is greater even than the national debt. The bureaucrats intend to take this out of the hides of the taxpayers.

In the meantime, through P.S.R.O., these bureaucrats intend on cutting the fees charged by America's physicians who they blame for the high cost of medical care, instead of government regulation. It's so easy to point the finger of blame at the other fellow. For instance, the State Auditor's office has been auditing the Welfare Department here in Mahoning County, and at the Youngstown Osteopathic Hospital has pulled a great many hospital

charts for review. This audit includes payment to attending physicians for hospital visits made. Even though the nurses notes indicate that the physician did in fact visit the patient, where there are no daily progress notes written personally by the physician, payment for that day has been denied. The physicians concerned have been forced to repay those days for which they have not written daily progress notes. The State Auditor has the power to go back seven years in checking these charts.

All of this is brought to your attention to indicate the basic injustice of government regulation. Any form of compulsory national health insurance, including those already in force represents a prescription for higher taxes, more regulatory red tape, duplication of effort, fraud, lower quality medical care at higher costs to accommodate the superfluous bureaucrats. All of this results in more and more inflation, but the practicing physician, while made the scapegoat for all abuses, must be forced to accept a smaller and smaller piece of the pie. Any law which gives the Washington Bureaucracy a greatly expanded responsibility for financing, regulating, and organizing the nation's health delivery systems can only result in further injustice. The parasitic elite of government always takes the cream off the milk, and leaves the skim to the rest of us. All of these National Health Schemes are blatantly political in nature because health care in these United States is better than anywhere else in the world, and only about 5% of the population are not covered by private health insurance, or not eligible for public health assistance. The whole socialistic push for more government control of medicine has got to be the biggest fraud ever put forward.

The concept of free or nearly free medical care is another carrot on a stick dangled before the nose of the voters which seems to be irresistible to liberal socialistic marxist politicians, who are constantly speaking about the rising hospital costs, health care gaps and the unbearable burdens of catastrophic illness. They never tell the electorate that the percentile increase in government cost is ten times what medical care increases have been. They always point the finger at somebody else as having been the cause of it all. But, bide your time, for the day of reckoning is not too very much further away.

Richard D. Murray, M.D., M. Sc. (med.)  
Editor

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## I WONDER . . .

Federal and state legislative programs are solely directed at controlling costs — the quantity of medical care. The politicians and bureaucrats proclaim the "rights" of everyone to medical care while limiting the quantity. At the same time, they deceptively convey to the public that they are improving the quality of care.

I wonder if there is any physician who does not desire to improve the quality of medical care. I wonder if any physician places cost before quality. Physicians supply high quality care because they desire to — not because patients and their families demand this level of quality.

I wonder if high quality medical care and cost containment are mutually incompatible.

Quality and quantity are not completely separate. But more care does not necessarily mean better care (although some patients and their families may consider these as identical). Less care may sometimes be better care.

I know, I do not wonder, that the private practice of medicine is slowly being controlled and limited. I suppose politicians feel they must use the technique of a little at a time.

I wonder if I am wrong in reluctantly and unhappily concluding that federalization of all medical services is inevitable.

—Frank Gelbman, M.D.





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NOVEMBER

## DO YOU KNOW A SICK DOCTOR? WHAT, WHY, WHO, AND HOW

—Perry R. Ayres, M.D.

Chairman, Physician Effectiveness Program  
Ohio State Medical Association

It has been only a few years since organized medicine acknowledged a distinction between "sick" doctors and "bad" doctors and became aware of the reality that many of those impaired by psychiatric illnesses, alcoholism, and other drug abuse, can be identified, effectively treated, and returned to professional activity. Physicians in most of the fifty states have begun or are planning programs for this purpose.

These are programs of identification and intervention by concerned colleagues, who lead the sick physician to treatment and give him a chance for recovery. They are designed to provide help rather than punishment, and they employ persuasion before coercion. However, many of the programs recognize the moral and legal obligation to inform state licensing boards of the impairment if a sick colleague fails to comply.

### *Why should we intervene?*

We must be aware of the legal liability we face if an untreated impaired physician is permitted to continue practicing once his problems have surfaced. Attorneys know this, and associates of impaired physicians have been included in malpractice actions. Curiously though, the incidence of malpractice suits against impaired physicians appears to differ little from that of the profession at large.

Although aware of these practical and somewhat cynical considerations, those who originated these programs were motivated primarily by moral and ethical principles, by sincere concern for our patients, and for the impaired colleague and his family. The medical profession is a brotherhood, and I am my brother's keeper!

### *Whom are we trying to reach?*

Other mechanisms are available for dealing with the inept, the incompetent, and the malicious physician. These programs are directed toward the impaired physician — the otherwise competent doctor who is impaired by such things as senility, psychiatric disorder, or alcoholism or drug addiction, the latter two being the commonest.

Generally, these people have a premorbid history of integrity, dedication, and professional competence, and they are proud. Impaired self-perception (denial) is their hallmark. Common characteristics include denial of feelings, emotional isolation, work compulsion, and atrophy of normal coping skills. In most cases, they are severely depressed, and suicide is not uncommon.

### *How can we help?*

By identifying the often obnoxious and deceitful behavior of these impaired physicians as a symptom of treatable illness, we hope the stigma will moderate. Then, family, colleagues, and other associates will be able to recognize the symptoms of their illnesses and induce them to seek treatment before patient care has been affected — before families, careers, and lives have been destroyed.

The Physician Effectiveness Program (PEP) of the Ohio State Medical Association, in operation since 1975, stands ready to assist sick physicians. Relatives, colleagues, or other associates seeking help for such a physician should call the PEP at 228-6971. Anonymity is assured. Facts will be discreetly verified, and the sick physician will be confronted and assisted by experienced, empathetic colleagues.

If you do know a sick doctor, help us to help him. Be your brother's keeper!

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## From the Bulletin

### FORTY YEARS AGO — NOVEMBER 1940

In 1940 a person having an income of \$60.00 or less per month was considered indigent and eligible for relief. Medical care of the indigent was adequately covered by the existing welfare agencies. The Medical Society was giving attention to the problem of individuals and families just above that level, the "low income group".

Ivan Smith and his committee on Prepayment Insurance had drawn up proposals which Council was considering. The *Bulletin* was vague as to details but as this writer remembers, the plan outlined was an elaborate one and practically put us in the insurance business. The subject was a hot one at the time and caused much discussion. More on that phase of the Society's history will be given in a future column.

Bill Evans was program Chairman and was going all out. In October he had Dr. Edgar V. Allan here from the Mayo Clinic and, in November, Dr. Henry L. Bockus from Philadelphia, both top-flight. Excerpt from Dr. Allan's talk: "Potassium sulfocyanate is the only drug of several tested that actually will reduce blood pressure. Estimates of blood cyanate concentration must be done frequently until the proper concentration of 9 milligrams per cent is reached. Too much causes skin rashes, nausea, and weakness. Sympathectomy is justifiable in some cases and does lower blood pressure. Results with it, however, are not uniformly successful".

### THIRTY YEARS AGO — NOVEMBER 1950

A special assessment of \$15.00 to meet a deficit in Society funds was passed at the October meeting and a motion to increase the dues to \$50.00 a year was to be voted on at the November meeting.

Dr. Fred Dixon, president of the Ohio State Medical Association was here to address the Auxiliary. He was an interne in the Youngstown Hospital in 1918. New active members that month were Ben Brown, Irving Chevlen, George Cook, Frank Gelbman, DeForest Metcalf, Ed Shorten, and Dean Stillson. New interne members were Raymond Catoline, Patrick Cestone, Kenneth Hovanic, Frank Inui, Harold Segall and Frank Shaw.

The Society lost four members by death. John R. Buchanan was an active and excellent orthopedist only 49 years old. Samuel Davidow was a busy and popular general practitioner, well liked by everyone. John F. Lindsay had been retired for years with arthritis but during his time he was one of Youngstown's most prominent physicians. James Mariner was health commissioner of Campbell for 20 years before his death at 64 years of age.

John McDonough became a fellow of the American College of Surgery. F. A. Friedrich entered the general practice of medicine and Merrill Evans opened offices on Mahoning Ave. for the practice of psychiatry.

Editor Coombs wrote: "Without pointing the finger at anyone, it is very apparent that there has been a great let-down in the Society in the last eight years. Our meetings are not attended as they should be; our meetings lack the dignity they used to have; our members do not want to take time to do the committee work which is so essential."

### TWENTY YEARS AGO — NOVEMBER 1960

President Schlecht wrote: "There is considerable pessimism among doctors that domination of medicine by government and pressure groups is inevitable. Perhaps it is, but in a matter so serious, we should not assume that it is without exploring the possibility that it is not inevitable."

"It is not inevitable if doctors meet the mounting challenges and broad obligations that confront medicine. It is not inevitable if we are united in our determination to provide the best medical care for all our people and exercise our rights and privileges as citizens. It is not inevitable if we are

alert to the dangers that threaten our moral and intellectual independence. It is not inevitable if the problems are met with the informed understanding and effort of all members. In truth, only doctors can engineer their own debacle."

Hugh Bennett was elected president of the Youngstown Area Heart Association. Ray Fenton was appointed Health Commissioner for Mahoning County. DeForest Metcalf was elected president of the Ohio Society of Anesthesiologists. Wm. Flynn was elected president of the Ohio Division of the American Cancer Society.

Old friends that we miss: O'Linn's Pharmacy, Blair's Dry Cleaning, Renner's Brewery.

### TEN YEARS AGO — NOVEMBER 1970

At this time the big issue was whether the MCMS should participate in the newly formed Mahoning Valley Planning Association. The Society voted to withdraw from participation, although several members were vocal in their disapproval of this action. President Jenkins was disappointed that the MCMS by withdrawing had lost the opportunity to influence the direction of the planning board. In a letter to the Editor, Dr. Gene Butcher likened the action of the Society to an ostrich sticking his head in the sand.

One good thing came out of the controversy. It brought out 120 members to the meeting - - the best record in four years.

Dr. Wendell Bennett was elected to the Curbstone Hall of Fame. He was a former track star at Rayen High School and Cornell University. Dr. Bill Loeser gave a talk to the Mahoning County Society of Medical Assistants. The title was "The Role of the Medical Assistant in the Doctor's Office."

S. Q. Laypius was still giving forth with sage advice. His observation was "People seldom sue doctors they love."

New members that month were Dr. Gene Butcher and Dr. Wm. Katz for active membership. Associate members were Dr. Simon Basile and Dr. Karl F. Wieneke. Intern-Resident members were Dr. Joseph J. Naples and Dr. C. B. Reddy.

—Robert R. Fisher, M.D.

## CHESTER STERN LOWENDORF, M.D.

### 1903 - 1980

Dr. Chester Lowendorf, 76, died on Wednesday, Sept. 10 of a heart ailment at his residence after a few months illness. He was an orthopedic surgeon.

Dr. Lowendorf was born in Niles where he attended school, graduating from Niles McKinley High School in 1920. He received his B.A. from the University of Michigan in 1924 and his medical degree from the same institution in 1927. After interning at Mount Sinai Hospital, Cleveland, he took post graduate courses at State University of Iowa Children's Hospital from 1928 through 1931. He did graduate research for the U. of Cincinnati at Cincinnati General Hospital. He was a member of Phi Delta Epsilon medical fraternity.

Coming to Youngstown, he opened an office for the practice of orthopedic surgery at the Home Savings and Loan Building in 1932. He was one of the first American board-certified orthopedic surgeons at St. Elizabeth Hospital Medical Center, where he also taught nurses for 22 years and served on the staff during his career.

Dr. Lowendorf maintained offices in the Home Savings and Loan Building for 39 years, until his retirement in 1971. During this time he established a fine reputation, especially for his work with children.

He was a member of Rodef Sholem Temple and its Brotherhood.

# "THE PHYSICIAN IS A DECISION MAKER, AND ALMOST EVERY DECISION HE MAKES COSTS OR SAVES MONEY."

—Dr. William Felts, Past President,  
American Society of Internal Medicine



More and more physicians today are beginning to realize the extent of the economic influence they have, and are finding ways of holding costs down.

A number of studies show that the more physicians *know* about costs, the more they try to *reduce* them.\* And this reduction can be done without reducing the quality of care to the patient.

How are they doing this? As a start they have become thoroughly familiar with the costs they incur on behalf of their patients. They know how much an X-ray costs, how much their

hospital charges for routine lab tests. They're requesting copies of patients' hospital bills. And asking their hospitals to print the charges for diagnostic tests right on the order sheet.

What else are physicians doing? Minimizing their patients' hospital stays, whenever possible. Reevaluating routine admissions procedures. Questioning the real need of the diagnostic tests they order for their patients. Avoiding duplicate testing. Trying to discourage their patients' demands for unnecessary medication, treatment or hospitalization. Compiling daily logs of their medical decisions and what they cost. And more.

More physicians today realize what a tough problem we're all faced with. They know this is a challenge for medicine. And that physicians are in the best position to deal with and solve the problem.

\*PATIENT CARE Magazine—Outlook 1977 "Face Off: Cost Containment vs. Chaos," January 1, 1977

Lyle CB, et al. "Practice habits in a group of eight internists," ANNALS OF INTERNAL MEDICINE 84 (May 1976): 594-601

Schneider SA, et al. "Use of laboratory tests and pharmaceuticals: a variation among physicians and effect of cost audit on subsequent use," JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 225 (Aug. 20, 1973): 969-73



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**PROCEEDINGS OF COUNCIL****Oct. 14, 1980**

The treasurer's report showed that five members have not yet paid 1980 dues. It was suggested that council members contact any of these whom they know personally.

A tally of expenses to date for the lawsuit was noted.

A letter was read from NEOUCOM relaying information that the Summit County Medical Service Bureau would like to offer a paging system for local physicians when at the medical school. No council members expressed interest. A reply will be sent to that effect.

Dr. Mahar, Jr., chairman, reported that the Medical Assistants' Dinner was a huge success. This was confirmed by others who attended.

Dr. Kiskaddon made a report on recent activities of the Health Systems Agency.

The following applications for membership were presented by the Censors:

**ACTIVE**

Musbah Al-Salti, M.D. <sup>1</sup>  
 Stephen M. Barolsky, M.D.  
 Terry L. Cohen, M.D.  
 Emil S. Dickstein, M.D.  
 Wm. R. Finch, M.D.  
 Galterius A. Grajo, M.D.  
 Richard A. Memo, M.D.  
 Raul E. Pedraza, M.D.

**ASSOCIATE (First year)**

Wayne P. Burick, M.D.  
 Arthur M. Friedman, D.O.  
 Renwick Neil Goldberg, M.D.  
 Steven David Grossman, M.D.  
 Murali Guthikonda, M.D.  
 Robert P. Houston, M.D.  
 J. Ronald Mikolich, M.D.  
 Enrique C. Montana, M.D.  
 Nicola Blagoy Nicoloff, M.D.  
 Teerasit Sripan, M.D.  
 Robert H. Wetzel, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society 15 days after publication in the *Bulletin* unless objection is filed in writing with the secretary before that time.

Dr. Yut, Sixth District Councilor, spoke on behalf of recruitment of non-members of the Ohio State Medical Association (and the Mahoning County Medical Society). The motion was made, seconded and duly passed that the president assign members of council to approach individual non-members for the purpose of inviting them to join.

A letter was read from the Youngstown Area Community Action Council asking for an expression of support of the concept of a planning and development government grant for the East Side. The motion was made, seconded and duly passed that Council invite both Dr. Goldberg and Mr. Channell of the Youngstown Area Community Action Council to come to council and discuss the needs of the East Side in relation to the grant.

A proposal was read from Ohio Bell for a seminar for medical assistants on credit management and collections. The motion was made, seconded and duly passed that we agree to Ohio Bell putting on the seminar at no cost to the Medical Society.

A letter was read from the Mahoning Valley Association of Churches asking for a representative from the Medical Society to serve on their Wholistic Health Task Force. The motion was made, seconded and duly passed that Dr. Ruiz' name be submitted as a representative, Dr. Ruiz having consented to the request.

Dr. Yut asked that all members of council be informed about Issue 2 and ask that other members of the Medical Society inform themselves.

A letter was read from Allen Photographic Corp. asking if the Medical Society would be interested in another session of photographs such as were undertaken about five years ago. Council requested the secretary to inform Allen Photo that we would not be interested at this time.

Dr. Brucoli asked that the delegates consider formulating a resolution, which would seek to revise the present payment system for welfare and medicaid cases. This resolution would be designed to be taken to the annual meeting of OSMA, after Council approval.

Dr. Anderson reported on the progress of the lawsuit.

A number of announcements were made:

OSMA has approved the MCMS revised constitution.

A \$25 raise in MCMS dues was approved at the Sept. 16th meeting. Dues billing for 1981 will begin in October.

The State Auditor's office is reviewing hospital charts and disallowing payment of welfare cases for those days when there are no daily progress notes on the chart. The editor was requested to bring this to the attention of the membership by an article in the *Bulletin*. The delegates were requested to prepare a resolution concerning this matter to be brought to Council and later taken to the annual meeting of OSMA.

Meeting was adjourned.

Howard Rempes  
*Executive Secretary*

## WE ARE 108

The Mahoning County Medical Society will observe its 108th birthday on November 13th. The first meeting was held on that date in 1872.

## NOMINATIONS IN NOVEMBER

All members have received a flyer announcing the Nov. 18th meeting of the Mahoning County Medical Society, along with a complete listing of Council showing the offices up for nominations, and the report of the Nominating Committee.

Further nominations may be made from the floor, by secret ballot, at the meeting and the two nominees for each office receiving the highest vote will be placed on the December ballot. Those proposing to nominate from the floor are asked to be sure that their nominee will agree to run for office.

The meeting is at the Youngstown Club, with a social hour beginning at 6:00 p.m.

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### ANTIQUES WANTED

The History Committee of the Medical Society will accept anything old (no books) from a doctor's office for a proposed museum.

Dr. John C. Melnick  
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